

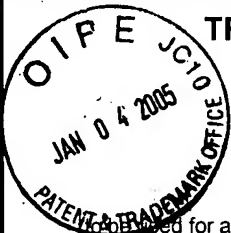
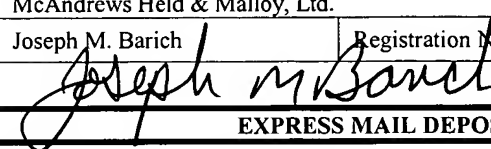
01-05-05

PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

 TRANSMITTAL FORM (Not to be used for all correspondence after initial filing)		Application Number	10/791,253
		Filing Date	March 2, 2004
		First Named Inventor	Eisinger et al.
		Art Unit	3749
		Examiner Name	Alfred Basichas
Total Number of Pages in This Submission		Attorney Docket Number	13009US03
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks		Please charge any required fees to Deposit Account 13-0017	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	Joseph M. Barich	Registration No. (Attorney/Agent)	42,291
Signature			Date: January 4, 2005
EXPRESS MAIL DEPOSIT			
"Express Mail" mailing label number : EV 219882395 US			
Date of Deposit January 4, 2005.			